

HONG KONG COLLEGE OF PHYSICIANS
香港內科醫學院



HONG KONG COLLEGE OF PHYSICIANS

SYNAPSE

RESTRICTED TO MEMBERS ONLY

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Photographer
Professor Richard YH Yu

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HONG KONG COLLEGE OF PHYSICIANS
香港西醫學院



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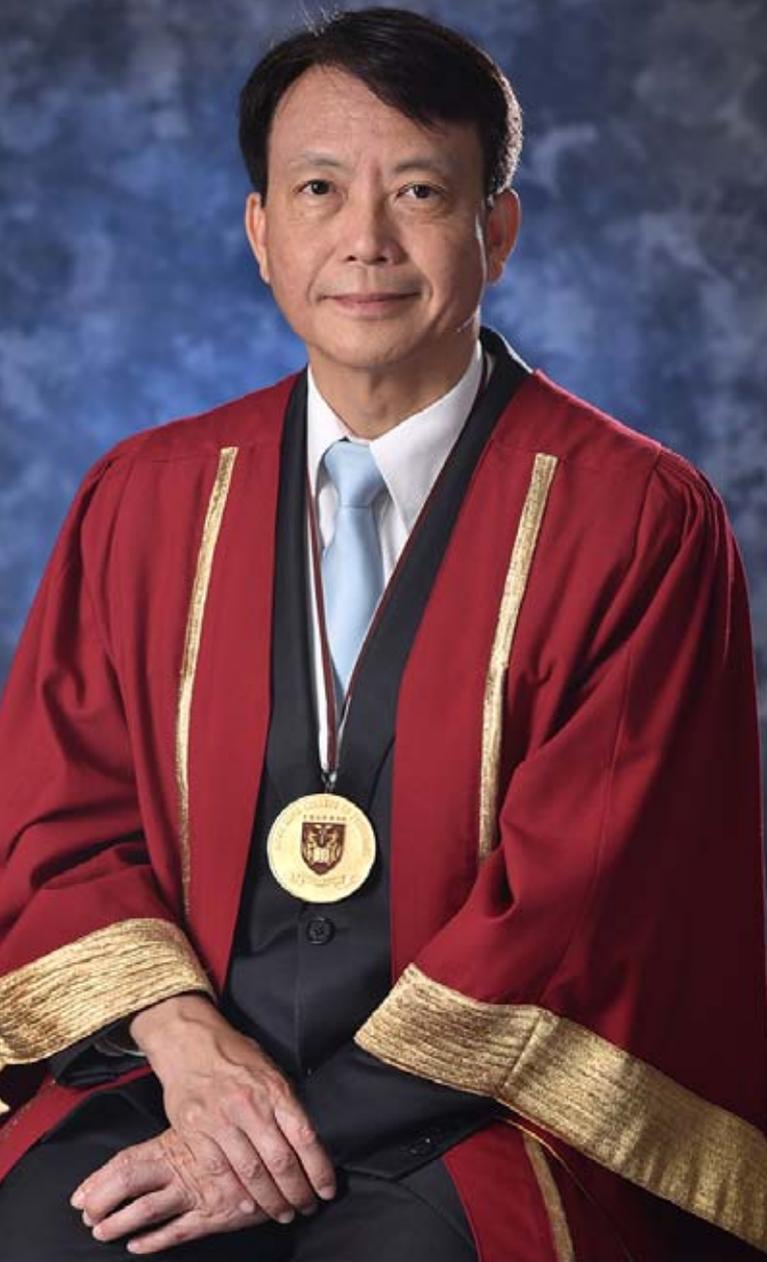
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Professor
PHILIP K. T. LI

President
Hong Kong College of Physicians

Dear all Fellows and Members of HKCP,

It has been my great honour to take up the Presidency of the Hong Kong College of Physicians in October 2016 from Dr Patrick Li. The College and I express our sincere thanks to Dr Patrick Li as well as the preceding 4 other Presidents: Prof Sir David Todd, Prof TK Chan, Prof Richard Yu and Prof KN Lai who have brought the College to this high level on its 30th birthday.

The College was inaugurated in 1986 and I am most honoured to take up the Presidency at the College's 30th anniversary. On October 15 and 16, 2016, the College 30th Anniversary celebration had the honour of attendances from the Presidents and representatives of overseas Colleges of Physicians: London College, Edinburgh College, Australasian College and Malaysian Academy of Medicine to come to celebrate with us. We published the special issue of Synapse commemorating this 30th Anniversary with all the Specialties highlighting their development and forward looking perspectives.

At thirty, one stands firm and independent (三十而立). Our College has really grown stronger and stronger, following the leadership of my predecessors and even more importantly from the support from all of you. We are now the biggest College within the Hong Kong Academy of Medicine, having 35 Honorary Fellows, 1757 Fellows, 290 members and 542 trainees. Of the 1757 College Fellows, 1668 are also Fellows of the Academy. We constitute 22% of all 7447 Academy Fellows as of 2 August 2016. In these 30 years, our College, through the effort and dedication of our various Standing Committees, our Specialty and Basic Physician Boards, as well as many of our Fellows who have supported our training programmes in different capacities, has trained up a big number of specialists in 18 different specialties within Medicine. The College will continue to serve our function as the statutory organisation responsible for

overseeing physician training and setting the standard of internal medicine practice. Our College will carry on to work closely with Hospital Authority, the two University medical schools on the training of our physicians, both before and after they have obtained the specialist status.

At the same time, the College has to evolve with time.

I have organized a College Retreat on 4th March 2017. It has involved all the Council members, all the current and incoming Education and Accreditation Members, all the current and incoming Specialty Board Chairpersons. We had the pleasure of the Chairman and Vice-Chairman of Coordinating Committee of Medicine of Hospital Authority joining the discussion too. Altogether 39 participated in the very fruitful Saturday afternoon in discussing the important areas related to the College development: "Workforce of Physicians – Manpower (Attraction & Retention)", "Workforce of Physicians – Training (Trainees and Fellows)", "College Affairs – Public Image and Advocacy on public health issues" and "College Affairs – Enhancement of academic activities". A report on the Retreat is published in this issue of Synapse. The College would like to make use of this to plan strategies for the next 3-5 years.

With the growing need for better development of the College in the near future, the input from our younger generation physicians is crucial. I have started the Young Fellows Committee (YFC) and the Committee has involved young fellows who have become specialists just recently together with Higher Physician Trainee and Basic Physician Trainee. We already have young fellow representatives in almost all of our Standing Committees as well as all the Specialty and Basic Physician Boards. The College would like to hear more of their voices. Dr Heyson Chan is the Chair of the YFC and he has written an article in this Issue of Synapse on what he and his Committee propose to do. We will have a Young Fellows

Column in our Synapse and our Website for better communication. We hope the Young Fellows will be more involved in our College affairs so that they will reflect more views and suggestions from our next generation leaders to the College.

The College would like to enhance the interest of Medical Students in the field of Medicine. The Council has agreed to establish a "Student Fellowship" for the medical students of the two universities for overseas studies. The amount of sponsorship for each medical student is HK\$30,000 for the period of overseas studies for at least 3 months, with a quota of 6 per year for the two universities for their overseas attachment in the field of Medicine.

Once again, the College likes to hear your suggestions and comments to us, especially related to our new initiatives. Please feel free to contact myself and any of the Council members to reflect your views. Your support is vital for the further development of the College and also of Medicine in Hong Kong.

Best wishes,



Prof Philip K. T. Li
President
Hong Kong College of Physicians



THE HKCP ANNUAL REPORT 2016

Patrick CK LI President, HKCP (2010-2016)

(The annual report was delivered at the 29th Annual General Meeting on 15 October 2016)

2016 marks an important milestone as the College celebrates its 30th Anniversary. Through the capable leadership of the past Presidents and Councils, the College has grown from strength to strength and its Fellowship number now stands at 1646. Structured programmes for basic physician and medical specialty training are in place and are constantly updated to accommodate the latest medical advances and changing public expectation. The College has also continued to provide technical support to the Food and Health Bureau in formulation and implementation of its health policy and supported the Hospital Authority in its manpower development. We have also

maintained cordial collaboration with overseas physicians Colleges and sister Colleges within the Academy. Our continued success over the past years owes a lot to the contributions of our various Standing Committees, our Specialty and Basic Physician Boards, as well as many of our Fellows who have supported our training programmes in different capacities.

The reports of the standing Committees provide details of their activities and achievements over the past year. I must thank their Chairpersons and Members for their contributions in upholding the standard of physician training and supporting the various responsibilities

and functions of the College. I would like to highlight some of the more significant issues for the attention of our Fellows.

Over the past year, our Education and Accreditation Committee has defined the framework for the next edition of our training guidelines to ensure consistency across the different specialties. The important roles and responsibilities of trainers have been reinforced and the criteria for eligibility for appointment as trainers defined. In recognition of the need for sustainable development of the specialty of critical care medicine, the College had revisited the basic physician and advanced internal medicine training

requirements for their trainees to facilitate their completion of training while maintaining a high professional standard. Our College also recognises the important roles of physicians in management of patients with allergic disorders and poisoning and has updated the training framework for Immunology and Allergy and Clinical Toxicology respectively with broadening of the trainees' perspective to better cater for the needs of their patients.

The Self-Learning Tool has matured into an established framework for enhancing awareness of clinical risks among our trainees and the databank of clinical scenarios encompassing all the clinical specialties are periodically reviewed and updated to ensure their relevance with the latest medical advances. As the public has increasing expectation on safeguards on patient safety, our College will encourage and support our Fellows to acquire the skills of conducting simulation training in their respective specialties. In addition, a Credentialing Committee has been established to explore the mechanism for governing the practice of high-risk interventional procedures in the different medical specialties.

A continuing problem facing physicians in the public sector is the heavy patient load resulting from an ageing population with increased prevalence of multiple chronic medical illnesses. The consequent decrease in contact time with individual patients will naturally hamper the diagnostic and therapeutic process, and may ultimately compromise the treatment outcome and even patient safety if the situation is not rectified. In addition,

with the trainers and trainees both engaged heavily in clinical duties, the quality of the training experience will inevitably deteriorate. Our College is very concerned about the effect of excessive workload in the public hospitals on the quality of physician training and practice and has conveyed our views to the Government and the Hospital Authority through various channels over the years. Within the past year, the Senior Advisor and I had met informally with the Chairman and Chief Executive of the Hospital Authority to express our opinion of the importance of strengthening the physician manpower in the public hospitals. With the anticipated increase in number of medical graduates over the next few years, our College will continue to engage the Hospital Authority to ensure a physician workforce that is commensurate with the actual patient load and clinical needs.

To commemorate the 30th Anniversary of the College, a special issue of Synapse has been published. Apart from congratulatory messages from the Government and overseas physician Colleges, it contains description of the most important medical advances that will influence clinical practice in the different specialties in the next decade. I must thank the Senior Advisor in his capacity as Chief Editor, the Editorial Board and all who have contributed articles to this special issue of Synapse for their effort in meeting the tight publication schedule.

As I complete my second term as President of the College, I wish to say that I have been most privileged and

honoured to have served the College in this capacity. The smooth operation and steady progress of the College owe a lot to the contributions of the Chairpersons and Members of the Committees and Boards as well as the Members of our Council. I would specially thank the two Vice-Presidents for their important roles in overseeing specialty training and accreditation and international liaison respectively. I am also very grateful to our Honorary Treasurer for closely monitoring and maintaining the healthy financial position of the College. I would like to thank in particular our Immediate Past President and Senior Advisor for their unfailing support and invaluable advice over the years. Finally, I must thank our Honorary Secretary and the hardworking and dedicated secretarial staff in maintaining smooth operation of the College.



RICHARD YU LECTURE



THE SKIN AS THE MASTERMIND BEHIND INFLUENZA IMMUNITY

Ivan FN HUNG

Department of Medicine, Queen Mary Hospital
The University of Hong Kong

Influenza poses a heavy burden on the global and local health services^{1,2}. Every year, it causes substantial morbidity and mortality, especially among high-risk populations with weakened immunity, in elderly people, very young children, and people with chronic illnesses. WHO estimates an annual worldwide mortality of 250 000–500 000 by seasonal influenza³. In the year 2014–15, the antigenically drifted influenza A/Switzerland/9715293/2013 (H3N2)-like virus caused major outbreaks in Europe and North America^{4,5}. Moreover, avian influenza viruses, such as influenza A H5N1 and H7N9 are associated with even higher mortality^{6,7}. Therefore any strategy that could improve⁸ and expand the antigenic breadth of the protective

immune response from influenza vaccination would be especially important in an outbreak setting.

We successfully translated our study, first from mouse models⁹ to a study of elderly patients¹⁰ and then to a study of young healthy subjects¹¹, given trivalent influenza vaccine after imiquimod pretreatment. Both the elderly and the young adults studies^{10,11} showed a significantly expedited (at day 7, normally day 21) and improved immunogenicity. Importantly, our study in the elderly population⁹ showed that imiquimod improved clinical protection from subsequent hospitalized influenza infection, emphasizing the clinical relevance of these findings, especially in this vulnerable population. Furthermore,

this improvement in immunogenicity was achieved without an increase in adverse events, both in the young and elderly subjects^{10,11}, suggesting that topical imiquimod pretreatment before influenza vaccination is safe and well tolerated.

An even more important novel finding of the later study in the young subjects¹¹ is the occurrence of cross-protective immune responses after topical imiquimod pretreatment and intradermal influenza vaccination against heterologous non-vaccine influenza strains. Enhanced immune responses were detected against not only the vaccine strains of A/California/H1N1, A/Victoria/H3N2 and B/Massachusetts (B/Yamagata lineage) strains in the vaccine, but also against non-vaccine strains

(the newly antigenically drifted A/Switzerland/9715293/2013-like influenza strain, A/WSN/1933[H1N1], prepandemic seasonal H1N1 and the B/Victoria lineage). In comparison to the elderly subjects, seroconversion was more pronounced in the young subjects, confirming the reduced vaccine responses secondary to immunosenescence or immunosuppressive medications.

Research teams including ours have demonstrated that topical application of imiquimod¹²⁻¹⁴, a synthetic toll-like receptor 7 (TLR7) agonist has been indicated for the treatment of HIV, human papillomavirus and malaria, by enhancing vaccine immunogenicity. Imiquimod simulated the TLR7 by upregulating the HLA molecules, thereby activating the dendritic

cell presentation of the influenza antigens. The signaling cascade triggered via TLR7 leads to the production of type I interferons that cause the generation of an antiviral response. It also induces proinflammatory cytokine production and stimulation of the T-helper cells. TLR7 also plays an important part in the induction of adaptive immune response by enhancing antibody producing B cell differentiation¹⁵, facilitating antibody isotype class switching and more importantly by increasing B cell memory.

Imiquimod represents a promising candidate for topical vaccination strategy that adopts the skin-associated immune system to induce systemic immunity. Findings from our studies have very important

implications, especially at times of vaccine mismatch and might reduce the demand for the more costly quadrivalent vaccine. This approach warrants further investigation with vaccines used to control influenza and could be applied to other viral and bacterial vaccines, for which the immune response is suboptimal.

References, acknowledgements and declarations for this article are available on the online version of Synapse which can be accessed <http://www.hkcp.org/synapse.htm>.





GERALD CHOA MEMORIAL LECTURE

TO P OR NOT TO P: ETHICS AND THE KIDNEY

Philip KT LI

Department of Medicine & Therapeutics
Prince of Wales Hospital
The Chinese University of Hong Kong

Nephrologists are generally regarded as clinicians having a good holistic approach when managing patients under care. We exercise specialized skill of making use of high technology procedures and also having a general physician approach towards multi-system problems of the patients, taking into account their psycho social need as well.

At the same time, the ethical challenges to nephrologists can never be understated. In the principles of biomedical ethics, respect of autonomy, non maleficence, beneficence and justice are four major areas that come into play. The dilemma for clinicians choosing unrestricted advocacy of

patients or bedside rationing of healthcare is always real and there has been proposal of 'administrative gatekeeping' as a means for striking a balance.

To P or not to P represents two elaborated concepts of P: Personalise and Prioritise.

To personalise or not to personalise involves the discussion whether there is a totally free patient choice on dialysis modality using public resources. The concept of PD first policy in Hong Kong and how this can benefit the largest number of patients with the most cost effective quality dialysis modality serves as a model and an example for such discussion.

To prioritise or not to prioritise involves the discussion of kidney allocation system in the donation and transplantation field. The scarcity of cadaveric kidney donations and the need to allocate according to a fair and open system is a must. The allocation of kidneys in the different sectors with different backgrounds, medical and social and other factors can bring in dilemmas that the medical community has to give input on the final system.



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 1986-2016



29TH ANNUAL GENERAL MEETING 18TH CONGREGATION AND ANNUAL COLLEGE DINNER

The College celebrated its 30th anniversary on 16 October 2016. Overseas College guests were invited to attend our Annual Dinner. They were Professor Margaret Johnson, Academic Vice-President, Royal College of Physicians (London); Professor Derek Bell, President, Royal College of Physicians (Edinburgh); Dr Catherine Yelland, President, Royal Australasian College of Physicians and Professor Dr Rosmawati Mohamed, Deputy Master, Academy of Medicine of Malaysia. Our College

President presented souvenirs to the overseas guests. In addition, in appreciation of Professor Richard Yu's contributions to the College over the past 30 years, the College President presented a souvenir to Professor Yu, who continues to serve as the College's Senior Advisor.

For the 30th anniversary celebration, the College published a special issue of Synapse by inviting all Specialty Board Chairmen to write on the changes in the training

and accreditation framework implemented by the Boards in the recent years. The issue was distributed to all participants during Annual Dinner.

Apart from this, four Honorary Fellowships were awarded in 2016 to Professor Dame Carol Black, Dr Li Chun Sang, Professor Peter William Mathieson and Dr Tse Tak Fu for their contributions in medicine in Hong Kong and the HKCP.



Dr CS Li



Dr TF Tse



Prof Dame Carol Black



Prof Peter Mathieson



From left to right : Prof Philip Li, Dr Donald Yu, Prof Sir David Todd, Prof Richard Yu



From left to right : Prof Philip Li, Prof HF Tse, Dr John Vincent Amerena, Prof Daniel Chan



From left to right : Prof Derek Bell, Dr Patrick Li



From left to right : Prof Joseph Sung, Prof Rosie Young



From left to right : Prof Anthony Chan, Dr WM Ko, Dr TF Tse



From left to right : Prof Richard Yu, Dr Patrick Li

Symposium 1
The threat of mosquito-borne infections



Dr Cheung Man Chun Jacky



Dr Tang Hing Cheung Tommy



Dr Tsang Tak Yin Owen

Symposium 2
Recent therapeutic advances



Dr Chan Youn Jong



Dr Leung Ho Wan Howan

Symposium 3
Clinical management update



Prof Juergen Braun



Prof Tang Chi Wai Sydney

ANNUAL
SCIENTIFIC
MEETING

(15–16 October 2016)

The College organised the Annual Scientific Meeting on 15–16 October 2016. The Meeting covered a wide range of hot topics in Medicine with symposia themes such as “The threat of mosquito-borne infections”, “Recent therapeutic advances” and “Clinical management update”.

Highlights included the three prestigious named lectures. Professor Sung Jao Yiu Joseph, our

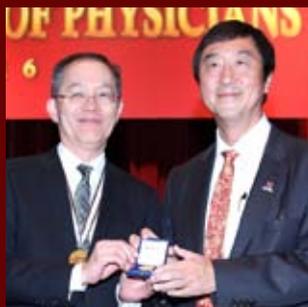
distinguished AJS McFadzean Orator delivered an impressive lecture titled “Post-eradication of *Helicobacter pylori*: The physiology, pathology and politics”. The Gerald Choa Memorial Lecture was delivered by Professor Li Kam Tao, Philip on “To P or not to P: Ethics and the kidney”. The Sir David Todd Lecture medal was presented to Professor Wong Lai Hung Grace on the topic “New era of HCC surveillance”. The

Richard Yu Lecturer in 2016 was Professor Hung Fan Ngai Ivan. He delivered the lecture “The skin as the mastermind behind influenza immunity”. Winners of the College’s prizes for the Best Thesis Awards and the Distinguished Research Paper Awards for Young Investigators 2016 presented their work on the second day of the meeting.

NAMED LECTURES AND AWARDS IN 2016

AJS McFadzean Oration

POST-ERADICATION OF
HELICOBACTER PYLORI:
THE PHYSIOLOGY, PATHOLOGY
AND POLITICS



**Professor
Joseph Jao Yiu
SUNG**

Vice-Chancellor
The Chinese University of
Hong Kong

Gerald Choa Memorial Lecture

TO P OR NOTTO P:
ETHICS AND THE KIDNEY



**Professor
Philip Kam Tao LI**

Department of Medicine
& Therapeutics
Prince of Wales Hospital
The Chinese University of
Hong Kong

Sir David Todd Lecture

NEW ERA OF
HCC SURVEILLANCE



**Professor
Grace Lai Hung
WONG**

Department of Medicine
& Therapeutics
Prince of Wales Hospital
The Chinese University of
Hong Kong

Richard Yu Lecture

THE SKIN AS THE MASTERMIND
BEHIND INFLUENZA IMMUNITY



**Professor
Ivan Fan Ngai
HUNG**

Department of Medicine
Queen Mary Hospital
The University of
Hong Kong

AWARD FOR OBTAINING
THE HIGHEST SCORE IN
AIM EXIT ASSESSMENT



Dr Yau On LAM
Department of Medicine
& Geriatrics,
United Christian Hospital

AWARD FOR OBTAINING
THE HIGHEST SCORE IN
PACES



Dr Hiu Lai LO
Department of Medicine
& Geriatrics,
United Christian Hospital

Distinguished Research Paper Award for YOUNG INVESTIGATORS 2016



Dr Kitty Kit Ting CHEUNG

Department of Medicine & Therapeutics,
Prince of Wales Hospital

Modifying Effect off Body Mass Index on Survival in Elderly Type 2 Diabetic Patients: Hong Kong Diabetes Registry

Kitty K.T. Cheung, Guozhi Jiang, Jenny S.W. Lee, Andrea O.Y. Luk, Alice P.S. Kong, Risa Ozaki, Rose Z.W. Ting, Ronald C.W. Ma, Francis C.C. Chow, Juliana C.N. Chan, Wing-Yee So

JAMDA 17 (2016) 276.e15 – 276.e22



Dr Siew Chien NG

Department of Medicine & Therapeutics,
Prince of Wales Hospital

Risk of Advanced Adenomas in Siblings of Individuals With Advanced Adenomas: A Cross-Sectional Study

Siew C. Ng, James Y. W. Lau, Francis K. L. Chan, Bing Yee Suen, Yee Kit Tse, Aric J. Hui, En Ling Leung-Ki, Jessica Y. L. Ching, Anthony W. H. Chan, Martin C. S.Wong, Simon S. M. Ng, Ka Fai To, Justin C. Y. Wu, Joseph J. Y. Sung

Gastroenterology. 2016 Mar; 150(3): 608 – 16.

Winner for the Best Oral Presentation Award



Dr Sunny Hei WONG

Department of Medicine & Therapeutics,
Prince of Wales Hospital

Effect of immunosuppressive therapy on interferon-gamma release assay for latent tuberculosis screening in patients with autoimmune diseases

Sunny H Wong, Qinyan Gao, Kelvin K F Tsoi, William K K Wu, Lai-shan Tam, Nelson Lee, Francis K L Chan, Justin C Y Wu, Joseph J Y Sung, Siew C Ng

Thorax 2016; 71: 64 – 72.



Dr Pauline Pui Ning YEUNG

Department of Medicine,
Queen Mary Hospital

Speckle tracking echocardiography in patients with septic shock: a case control study (SPECKSS)

NG Pauline Yeung, SIN Wai Ching, NG Andrew Kei-Yan, CHAN Wai Ming

Critical Care (2016) 20:145

YOUNG INVESTIGATOR RESEARCH GRANT 2016

The following doctors received a research grant from the HKCP to complete their respective projects as named. Selection was decided by a scientific panel headed by Professor KS Wong. Applications for 2017 will be advertised in the College website around April-May of each year.

The grant was established in 2012, to encourage young members of fellow who are aged 40 years or below to conduct research in Hong Kong. Up to five Grants of up to \$50000 each are awarded annually.

Risk of clinical stroke in atrial fibrillation patients with silent cerebral infarcts (CSAR study)

Dr Yannie Oi Yan SOO

Effect of dynamic changes of host serum cytokines on spontaneous hepatitis B s antigen (HBsAg) seroclearance in patients with chronic hepatitis B virus (HBV) infection

Dr Grace Lai Hung WONG

Clinical trial on low molecular-weight heparin infusion as anticoagulation for nocturnal home hemodialysis

Dr Siu Man WONG

Prospective observational study of patient receiving invasive mechanical ventilation out of Intensive Care Unit (ICU) environment in Hong Kong

Dr Wai Tat WONG



Report on HKCP Retreat on 4 March 2017

The College organised a Retreat on 4 March 2017 to engage key members in setting out directions for the College in the coming years. All Council Members, current and new E&AC members (with effect from 1 Jul 2017), current and new Specialty Board Chairmen (with effect from 1 Jul 2017) were invited to attend. A total of 39 Fellows took part in the Retreat.

At the Retreat, Prof Philip Li, College President, gave a brief introduction and presented the results of a SWOT survey analysis of our College. That was followed by a presentation by Dr. Johnny Chan, Honorary Secretary, on the current manpower situation in Medicine within the Hospital Authority. The participants were then divided into four groups to discuss on four areas, namely “Workforce of Physicians – Manpower (Attraction & Retention)”, “Workforce of Physicians – Training (Trainees and Fellows)”, “College Affairs – Public Image and Advocacy (Public Health Issues)” and “College Affairs – Enhancement of Academic Activities”. After thorough discussions, each group presented

their discussion results. The three major initiatives proposed by each group are summarised below:

- (1) Workforce of Physicians – Manpower (Attraction & Retention)
 - (a) To define the staffing structure (i.e. number of doctors at each grade) for various specialties in relation to the service volume to provide a clear career path and basis to increase manpower provision.
 - (b) To negotiate with HA for:
 - (i) physician training under protected time to increase manpower provision and reduce burnt-out
 - (ii) recognition of training and teaching commitments
 - (c) To review the assessment process for our trainees to reduce ‘perceived’ hurdles and enhance relevance.
- (2) Workforce of Physicians – Training (Trainees and Fellows)
 - (a) To recognize the need for protected time for trainees

and trainers for training and teaching respectively.

- (b) To strengthen collaborations between HKCP and HA COC(Med) for formulating training plans and programmes for BPT and AIM trainees, particularly in skills (e.g. Echo for pericardial effusion) and knowledge (e.g. interpretation of CT brain) which are necessary for frontline in emergency clinical services.
- (c) To focus on the importance of General Medicine:
 - (i) Fellows and trainers, as “dual specialists” which include AIM, should have well-defined periods of practising general medicine and training in AIM respectively;
 - (ii) Specialty Boards can help to better define the categorization and complexity of diseases which can be managed by Specialty and General Medicine doctors (+/- Family Medicine) respectively (e.g. DM, IHD, HBV etc)

- (3) College Affairs – Public Image and Advocacy on Public Health Issues
- (a) To build our infrastructure by
 - (i) Establishing a pool of spokesmen
 - (ii) Revising the membership of Professional and General Affairs Committee
 - (b) To obtain feedback from our members
 - (i) Conducting a survey of our members on their views about current training, professional care standard, sustainability of public workforce
 - (c) To enhance news dissemination and communication
 - (i) Make use of College website for sharing among the specialties.
 - (ii) Enhance the role of Synapse in communication including a Young Fellows' Column

- (4) College Affairs – Enhancement of Academic Activities
- (a) To advance medical practice via research development

Training curriculum should accommodate flexibility for incorporating research components targeted to improve specialty clinical services and which may facilitate HPT trainees in their academic or career development.
 - (b) To develop clinical guidelines for specialties

Streamlined guidelines for the management of clinical problems from each specialty will benefit BPT, HPT and Fellows in their clinical practice. Such guidelines should be developed by the tripartite involvement of HA, College and professional societies. Enhancing accessibility of such guidelines could be through

- development of user-friendly Apps with the inclusion of practical case studies in each specialty.
- (c) To enhance competency in clinical research and clinical practice

Organisation of workshops to enhance clinical research competence and theme-based conferences on selected topics relevant to the advanced practice of clinical medicine.

In summary, the Retreat provided an opportunity for substantial and fruitful discussions by College leadership and will guide the College in the consideration of necessary follow-up actions on the proposed initiatives in the various areas.



Newly Elected FRCP(London) 2016

1. Dr Chan Chin Pang Ian

Geriatric Medicine, United Christian Hospital, Hong Kong

2. Dr Chan Lam Stephen

Medical Oncology, Prince of Wales Hospital, Hong Kong

3. Dr Lam Ting Wa Jodis

Gastroenterology, Queen Elizabeth Hospital, Hong Kong

4. Dr Mok Chun Keung Francis

Geriatric Medicine, Tuen Mun Hospital, Hong Kong

5. Dr Ng Siew Chien

Gastroenterology, Prince of Wales Hospital, Hong Kong

6. Dr Seto Wai Kay Walter

Gastroenterology, Queen Mary Hospital, Hong Kong

7. Dr Shum Hoi Ping

Intensive Care Medicine, Pamela Youde Nethersole Eastern Hospital, Hong Kong

8. Dr Tang Hon Lok

Renal Medicine, Princess Margaret Hospital, Hong Kong



HONG KONG COLLEGE OF PHYSICIANS
香港內科醫學院



The HKCP Council 2016-2017

CHAIRMEN OF VARIOUS COMMITTEES

NATIONAL AND INTERNATIONAL LIAISON COMMITTEE

– Prof Anthony Chan

EDUCATION AND ACCREDITATION COMMITTEE

– Prof Daniel Chan

PROFESSIONAL AND GENERAL AFFAIRS COMMITTEE

– Dr Doris Tse

SCIENTIFIC COMMITTEE

– Prof MF Yuen

MEMBERSHIP COMMITTEE

– Dr WC Lao

EXAMINATION COMMITTEE

– Prof YH Leung

ADMINISTRATION AND FINANCE COMMITTEE

– Dr TF Tse

RESEARCH COMMITTEE

– Prof David Hui

SYNAPSE

– Dr Carolyn Kng

YOUNG FELLOWS' COMMITTEE

– Dr Heyson Chan

PRESIDENT

Prof Li Kam Tao Philip

VICE-PRESIDENT

Prof Chan Tak Cheung Anthony

Prof Chan Tak Mao Daniel

HONORARY SECRETARY

Dr Chan Wai Man Johnny

HONORARY TREASURER

Dr Tse Tak Fu

COUNCIL MEMBERS

Prof Chan Ka Leung

Dr Kng Poey Lyn Carolyn

Prof Hui Shu Cheong David

Dr Lai Moon Sing

Dr Lao Wai Cheung

Prof Leung Yu Hung

Prof Ma Ching Wan Ronald

Dr Mok Chun Keung Francis

Dr Ng Ping Wing

Dr Tse Man Wah Doris

Prof Wong Ka Sing Lawrence

Dr Ying King Yee Shirley

Prof Yuen Man Fung

Dr Chan Chi Hey Heyson

Dr Chan Kwok Keung

FOUNDING PRESIDENT

Prof Sir David Todd

PAST PRESIDENT

Dr Li Chung Ki Patrick

SENIOR ADVISOR

Prof Yu Yue Hong Richard

SIR DAVID TODD LECTURE

1. *NON-INVASIVE ASSESSMENT OF LIVER FIBROSIS WITH TRANSIENT ELASTOGRAPHY*

Having been one of the key principal investigators of this new tool since it was first available in Asia in year 2006, our team pioneered the validation of transient elastography using computerized morphometry. Based on this, we developed an algorithm of liver stiffness measurement in chronic hepatitis B, and that study is the most cited paper in that journal in the past 10 years (J Viral Hepat 2009;16:36-44; 346 citations up to June 2016). Since then we have published extensively on the natural history of hepatitis B using this non-invasive tool (Am J Gastroenterol 2008;103:3071-81; Clin Gastroenterol Hepatol 2009;7:227-33), and I received my Doctoral Degree of Medicine in year 2010 based on these studies. Subsequently we published several papers with French collaborators in high-impact journals on this area (Hepatology 2010;51:454-62, J Hepatol 2012;56:833-9). Outstanding research in this field, has led to invited lectureship in several international conferences, in the field of non-invasive assessments of liver fibrosis, and membership of the ARDENT group, the international research publishing guidelines and recommendations in the field (J Hepatol 2015;62:807-15; Clin Chem Lab Med 2015-0241).

2. *RISK PREDICTION, SURVEILLANCE, ANTIVIRALS AND HEPATOCELLULAR CARCINOMA (HCC)*

Interests in this field started with a study concerning the survival benefit of HCC surveillance program in patients suffering

from viral hepatitis (Liver Int 2008;28:79-87). We pursued the risk prediction of HCC in chronic hepatitis B patients by developing a clinical scoring system (J Clin Oncol 2010;28:1660-5), a collaborative project with oncologists. A further study on the effect of antiviral therapy in long term outcomes of HCC



NEW ERA OF HCC SURVEILLANCE

Grace LH WONG

Department of Medicine & Therapeutics
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patients in collaboration with surgeons (Aliment Pharmacol Ther 2011;33:1104-12). This led to the invitation to write the editorial comments in this field (J Gastroenterol Hepatol 2012;27:1-2). Recently other publications in high-impact journals include the interaction between antiviral therapy and HCC (Gastroenterology 2013;144:933-44, Hepatology 2013;58:1537-1547), and the role of alpha-fetoprotein, in patients receiving antiviral treatment (Hepatology 2014;59:986-95). To utilize the clinical application of transient elastography, we further optimize the CU-HCC risk score with this accurate non-invasive tool (J Hepatol 2014;60:339-345). Future research direction would be the interaction of antiviral therapy and the risk prediction

of HCC, as well as risk-stratified surveillance of HCC.

3. LONG-TERM SAFETY OF ANTIVIRAL TREATMENT FOR CHRONIC HEPATITIS B

Widespread and long-term use of oral nucleos(t)ide analogues (NAs) to treat chronic hepatitis B provides the safety data, particularly the renal and bone side effects from real-life settings. Very recently, a landmark paper on this issue based on a large population cohort of 53,500 patients in Hong Kong (Hepatology 2015;62:684-93) was published.

4. METABOLIC SYNDROME –

INTERACTION AND CLINICAL IMPACT ON CHRONIC LIVER DISEASE

Metabolic syndrome and nonalcoholic fatty liver disease (NAFLD) in the Asian-Pacific region, was previously believed to be a western disease but is now increasingly diagnosed in Asians. This provided opportunities for numerous publications on its natural history, as well as its interaction with viral hepatitis (Gut 2010;59:969-74; J Hepatol 2012;56:533-40). Risk prediction of HCC in NAFLD using various biomarkers and transient elastography will be our future direction.

5. PEPTIC ULCER DISEASE AND GASTROINTESTINAL BLEEDING (GIB)

Our group has participated in several land-mark studies published in high-impact journals (Lancet 2007;369:1621-6), with interest on *Helicobacter pylori*-negative idiopathic bleeding and obscured GIB (Gastroenterology 2009;137:525-31, Clin Gastroenterol Hepatol 2012;10:1124-9, Am J Gastroenterol 2006;101:1224-8). The General Research Fund of the Research Grant Council has funded a randomized controlled trial on the prevention of recurrent idiopathic gastroduodenal ulcer bleeding.



BEST THESIS GOLD AWARD

THE USE OF SALIVARY CORTISOL AND CORTISONE DURING LOW DOSE CORTICOTROPIN STIMULATION TEST IN THE DIAGNOSIS OF ADRENAL INSUFFICIENCY - A LOCAL STUDY

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Department of Medicine, Queen Elizabeth Hospital



BACKGROUND

An accurate diagnosis of adrenal insufficiency is clinically important because adrenal crisis may result in lethal consequences. However, there have been controversies in the literature regarding the diagnostic values of different tests and the corresponding optimal cut-off levels for adrenal insufficiency. The potential role of salivary cortisol and cortisone has also been studied over the recent years.

OBJECTIVES

The main goals of this dissertation are: 1) to establish the reference cut-off value for peak serum cortisol in the low dose corticotropin stimulation test (LDCST), and 2) to explore the utility of salivary cortisol and cortisone during LDCST in the diagnosis of adrenal insufficiency.

METHODS

This prospective study was conducted in a regional hospital (Queen Elizabeth Hospital) in Hong Kong. Chinese healthy volunteers and patients suspected of having adrenal insufficiency were recruited. All participants underwent a LDCST, in which their serum cortisol, salivary cortisol and cortisone levels were assessed at baseline, 30 and 60 minutes after an intravenous injection of 1 microgram Synacthen 1-24. Their serum cortisol binding globulin (CBG) levels were also explored. The free cortisol index (FCI), which is the ratio of serum total cortisol/CBG, was calculated in patients with discordant serum and salivary results.

RESULTS

Using the data from 56 healthy volunteers, the reference cut-off value for post-LDCST peak serum cortisol was found to be 376 nmol/L (mean-2SD). We then analyzed the data of 171 patients, who presented with clinical findings suggestive of adrenal insufficiency and/or risk factors for the impairment of hypothalamic-pituitary-adrenal axis. 59 of them were classified into the adrenal insufficient (AI) group (post-LDCST peak serum cortisol <376 nmol/L) and 112 were in the non-AI group (≥ 376 nmol/L). From the ROC curve analysis, both peak salivary cortisol and cortisone had a larger AUC (0.914 ± 0.026 and 0.926 ± 0.022 respectively) than their basal counterparts and basal serum cortisol. The best cut-off value with the highest accuracy for peak salivary cortisol was 8.6 nmol/L and that for salivary cortisone was 33.5 nmol/L. Combination of basal test results alone increases the specificity and may be useful to rule in the diagnosis of adrenal insufficiency. In patients with low CBG levels and discrepancies between serum and salivary results, salivary tests and FCI might be more reliable than serum total cortisol in reflecting the free cortisol status.

CONCLUSIONS

A lower method-specific reference cut-off value for post-LDCST peak serum cortisol was suggested. Both stimulated salivary cortisol and cortisone yielded excellent test performances in diagnosing adrenal insufficiency and they may be useful alternatives especially when a non-invasive test is desired or an abnormal CBG level is suspected.

BEST THESIS SILVER AWARD

DELIRIUM AND SUBSYNDROMAL DELIRIUM IN CHINESE ELDERLY MEDICAL PATIENTS

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DEPARTMENT OF MEDICINE, QUEEN MARY HOSPITAL



BACKGROUND

Delirium is prevalent in hospitalized elderly patients, and it is associated with numerous adverse outcomes. Subsyndromal delirium (SSD) is a condition characterized by the presence of symptoms of delirium but not fulfilling its criteria. There is limited study of the prevalence and outcomes of delirium and SSD of Chinese elderly presenting with acute medical problems to the hospital, therefore further research on this topic is indicated.

OBJECTIVE

The aim of this study is to study the prevalence and outcomes of delirium and SSD in Chinese elderly patients who presented with acute medical problems and admitted to general medical wards in a regional hospital in Hong Kong.

SUBJECT AND METHOD

Patients were recruited from the acute general medical wards of Queen Mary Hospital from January 2014 to September 2014, and they were screened by the Confusion Assessment Method (CAM) on admission to classify them into three groups, namely without delirium, delirium and SSD. Baseline demographics, co-morbidity according to Charlson Co-morbidity Index (CCI), Barthel Index [BI(20)], Mini-mental statue examination (MMSE), potential predisposing factors and precipitating factors were collected at baseline. Subjects were followed up in hospital till they were discharged from the hospital and then for 12 months after discharge. Outcomes including all-cause mortality, hospitalization and number of new institutionalization were recorded.

RESULTS

575 patients older than 65 years of age were recruited. 15.8% patients satisfied the diagnostic criteria of delirium and 11.3% patients satisfied the diagnostic criteria of subsyndromal delirium. Delirium on admission was an independent predictor for death in the index admission (hazard ratio [HR] 1.71, 95% confidence interval [CI] 1.13–2.60, $p = 0.011$), institutionalization upon discharge from the index admission (Odds ratio 25.76, 95% CI 7.04–94.29, $p < 0.001$) and institutionalization within 12 months (OR 5.36, 95% CI 2.19–13.10, $p < 0.001$). SSD was an independent predictor of death within 12 months (HR 1.75, 95% CI 1.14–2.67, $p = 0.01$). Among patients with resolved delirium or resolved SSD upon discharge, the mortality in the following 12 months did not differ from the mortality of patients with no delirium.

CONCLUSIONS

Delirium and SSD are common among elderly patients admitted into acute medial ward. They predict adverse short and long term outcomes. Prompt recognition and management of delirium and SSD might improve the prognosis of these patients.

BEST THESIS BRONZE AWARD

PREVALENCE AND RISK FACTORS OF OSTEOPOROSIS AND LOW BONE MINERAL DENSITY IN PATIENTS WITH ANKYLOSING SPONDYLITIS IN HONG KONG: A CROSS-SECTIONAL STUDY

Cindy YS HO

Department of Medicine & Geriatrics, Princess Margaret Hospital



OBJECTIVES

To determine the prevalence and risk factors of low bone mineral density (BMD) in a local cohort of ankylosing spondylitis (AS) patients. Dual X-ray absorptiometry (DXA) scan at different sites were compared and evaluated.

METHODS

Ninety-two patients with AS were enrolled in this study. Clinical, demographic and radiological data were collected. Erythrocyte sedimentation rate (ESR), C-reactive protein (CRP), Bath AS Disease Activity Index (BASDAI), Bath AS Functional Index (BASFI), Ankylosing Spondylitis Disease Activity Score (ASDAS), Patient and Physician global scores, Health Assessment Questionnaire (HAQ) and Bath AS Metrology Index (BASMI) were evaluated. BMD at the lumbar spine via antero-posterior (AP) and lateral projections, neck of femur (NOF) and total hip were measured.

RESULTS

Low BMD was found in half of the 92 Chinese AS patients. Factors associated with low BMD were BASDAI, BASMI, post-menopausal status, body mass index (BMI), alcohol use and family history of AS. Multiple logistic regression analysis by backward selection revealed that BASDAI (odds ratio (OR) 1.03, 95% confidence interval (CI) 1.00-1.06; $p = 0.031$), post-menopausal status (OR 6.11, 95% CI 1.07-34.81; $p = 0.041$), BMI (OR 0.81, 95% CI 0.71-0.93; $p = 0.003$) and alcohol use (OR 4.79, 95% CI 1.49-15.38; $p = 0.008$) were significantly associated with low BMD. Total hip BMD was more sensitive than AP lumbar BMD in detecting low BMD in AS.

CONCLUSIONS

Low BMD in AS is not uncommon and often underdiagnosed. BASDAI, post-menopausal status, alcohol use and BMI were independently associated with low BMD in this study.

PASSING RATES :
JOINT HKCPIE/MRCP (UK)
PART II (WRITTEN)
EXAMINATION –
2002 - 2016

	Sitting	Pass
2 July 2002	53	27 (51%)
13 November 2002	50	24 (48%)
13 August 2003	110	62 (56%)
10 December 2003	54	31 (57%)
28 July 2004	65	42 (65%)
8 December 2004	46	32 (70%)
13 April 2005	32	15 (47%)
27 July 2005	76	56 (74%)
7 & 8 December 2005	26	16 (62%)
12 & 13 April 2006	29	13 (45%)
26 & 27 July 2006	91	68 (75%)
6 & 7 December 2006	33	18 (55%)
11 & 12 April 2007	34	22 (65%)
25 & 26 July 2007	80	70 (88%)
5 & 6 December 2007	19	13 (68%)
9 & 10 April 2008	21	13 (62%)
30 & 31 July 2008	47	36 (77%)
3 & 4 December 2008	17	10 (59%)
8 & 9 April 2009	32	25 (78%)
29 & 30 July 2009	50	43 (86%)
25 & 26 November 2009	12	7 (58%)
7 & 8 April 2010	41	34 (83%)
28 & 29 July 2010	25	19 (76%)
24 & 25 November 2010	8	2 (25%)
6 & 7 April 2011	45	35 (78%)
23 & 24 November 2011	32	25 (78%)
28 & 29 March 2012	55	43 (78%)
12 & 13 December 2012	57	44 (77%)
10 & 11 April 2013	60	52 (87%)
11 & 12 December 2013	48	34 (71%)
9 & 10 April 2014	54	46 (85%)
10 & 11 December 2014	26	25 (96%)
25 & 26 March 2015	53	45 (85%)
9 & 10 December 2015	68	65 (96%)
6 & 7 April 2016	29	28 (97%)
7 & 8 December 2016	62	50 (81%)

PASSING RATES :
PART I EXAMINATION –
2002 - 2016

	Sitting	Pass
September 2002	100	33 (33%)
January 2003	124	55 (44%)
May 2003 (SARS Special)	21	7 (33%)
September 2003	54	29 (54%)
January 2004	93	39 (42%)
September 2004	29	16 (55%)
January 2005	96	68 (70.8%)
September 2005	24	15 (62.5%)
January 2006	95	74 (80%)
September 2006	21	13 (62%)
January 2007	87	67 (77%)
September 2007	23	12 (52%)
January 2008	56	38 (68%)
September 2008	47	32 (68%)
January 2009	59	47 (80%)
September 2009	47	28 (60%)
January 2010	45	28 (62%)
September 2010	62	39 (63%)
January 2011	44	23 (52%)
September 2011	64	49 (77%)
January 2012	45	28 (62%)
September 2012	80	59 (74%)
January 2013	41	22 (54%)
September 2013	76	60 (79%)
January 2014	30	20 (67%)
September 2014	84	64 (76%)
January 2015	29	20 (69%)
September 2015	100	71 (71%)
January 2016	33	18 (55%)
September 2016	84	63 (75%)

PASSING RATES : PACES – 2001 - 2016

October 2001	36/72 = 50%
February 2002	34/74 = 46%
October 2002	29/72 = 40%
February 2003	30/69 = 43%
October 2003	27/59 = 46%
March 2004	39/64 = 61%
October 2004	26/69 = 38%
March 2005	35/75 = 47%
October 2005	28/75 = 37%
March 2006	36/75 = 48%
October 2006	16/73 = 22%
March 2007	44/74 = 59%
June 2007	44/74 = 59%
October 2007	36/55 = 65%
March 2008	36/74 = 49%
October 2008	29/65 = 45%
February 2009	39/75 = 52%
October 2009	24/72 = 33%
March 2010	33/75 = 44%
October 2010	40/74 = 54%
February 2011	23/66 = 35%
October 2011	34/70 = 49%
February 2012	32/74 = 43%
October 2012	32/74 = 43%
March 2013	28/75 = 37% (for HK local candidates)
October 2013	28/74 = 38%
February 2014	29/74 = 39% (for HK local candidates)
October 2014	21/74 = 28%
March 2015	36/75 = 48%
October 2015	35/75 = 47%
March 2016	40/75 = 53%
October 2016	36/74 = 49%

PASS LIST (2016) : JOINT HKCPIE/MRCP (UK) PART II PACES EXAMINATION OCTOBER

Chan Ka Po
 Chau Phyllis W S
 Cheung Chloe Kwong Yee
 Cheung Yat Yu
 Chung Yuen Kwan
 Ho Cheuk Man
 Ip Fiona Hue Yan
 Kong Shing Yam
 Lee Chun Lung
 Leung Ching Cheung Clement
 Leung Ka Hong Eunice
 Lin Ronald Chi Chun
 Luk Hin Kwan Karen
 Ng Siu Tim
 Tam Anthony Raymond
 Tso Yau Kan
 Wong Ka Hei
 Yeung Lam Fung
 Yuen Chung Kiu
 Chan Ka Yan Gloria
 Cheng Kim Fung
 Cheung Hiu Fung
 Chung Kit Wang
 Gao Yuan
 Ho Ka Lam Erica
 Lam Wai Hin
 Lee Pui Yan
 Leung Hiu Yan
 Leung Tze Long
 Lui Shing Tsun
 Mew Yuen Ni
 Suen Chun Hong
 Tang Yan Ki
 Wong Chun Kit Brian
 Wong Yuen Ting Dorothy
 Yu Suet Ying Judianna

YOUNG FELLOWS' COLUMN

Heyson CH Chan

Chairman, Young Fellows' Committee, Hong Kong College of Physicians

It gives me great pleasure to write the first article of the Young Fellows' Column in Synapse. I would like to introduce to you a new functional committee of the College - the "Young Fellows' Committee".

BACKGROUND

With the growing need for better development of the College in the near future, the input from the younger generation physicians is crucial. Prof Philip Li, the President of the College, has started up a new functional committee - the "Young Fellows' Committee" with the objective of better engaging young fellows, together with higher and basic physician trainees, in College activities.

AIMS

The Young Fellows' Committee set the following tasks as priorities:

- A) To enhance communication between the College and young fellows/trainees
- B) To assist in attracting and retaining trainees
- C) To promote academic exchange and research among young fellows and trainees

FUTURE PLANS

To achieve the above aims, the College Council and the Young Fellows' Committee set the following plans in the coming few years.

- A) To enhance communication between the College and young fellows or trainees
 1. Young Fellows Representative in Standing Committees and Specialty Boards
 - The College Council endorsed the additional of a young fellow representative in almost all of the Standing Committees

as well as Specialty and Basic Physician Boards.

- The young fellow representative serves as a bridge between the Committees or Boards and the younger generation. Through this channel, views and opinions of the younger peers can be reflected to the respective Committees or Boards.
2. Young Fellows' Column in Synapse and the College's Website
 - A Young Fellows' Column in Synapse and in the College's website to serve as a channel for information dissemination from the College to young fellows and trainees.
 - An interactive forum in the College's website to allow young fellows and trainees to express their opinions.
- B) To assist in attracting and retaining trainees
1. Sharing sessions with houseman and medical graduates
 - The Young Fellows' Committee will organize a sharing session for potential physician trainees
 - The sharing session will provide an overview to potential trainees on the training structure and nature of different medical subspecialties
 - This is to be followed by informal peer sharing
 - The sharing session will specifically focus on internal medicine and provide information on the training structure from College's perspective, hence differing from currently available sharing sessions. Informal sharing will allow opportunities for expression of peers' views on

life (and satisfaction) of being a physician trainee.

- C) To promote academic exchange / research among young fellows/trainees
1. Workshop on conducting research
 - The Young Fellows' Committee plan to organize a half-day workshop on conducting research for potential physician trainees
 - This workshop will focus on general practical tips in conducting medical related research
 - Topics may include practical points in patient recruitment, use of statistical software such as SPSS and database management relevant to research in a center with limited research staff support
 - This aims to develop research skills by HPTs which may be applied to conducting research for their dissertation
 2. Young Fellows' Column in the College's Website
 - Young fellows / trainees can share their experience or ask questions in the Young Fellows' forum in the College's Website
 - Interesting or useful links related to updates in internal medicine or conducting research (e.g. YouTube link to SPSS tutorials) can be posted in the forum

In the next few issues, we shall introduce to you the members of our Committee and report to you the progress of our proposals.

Last but not least, I would like to call for your support to our Committee. If you have any suggestions, please feel free to contact me via email at cch605@ha.org.hk.

SCORING SYSTEM FOR THE REVISED INTERIM ASSESSMENT FORMAT IN ADVANCED INTERNAL MEDICINE

The revised Interim Assessment format in Advanced Internal Medicine (AIM) has been published in SYNAPSE August 2016 (page 19). Essentially the Assessment includes Case Reports, Supervisor Scoring, Clinical Viva in new format, and conference questions. Here are details on the scoring system:

The Clinical Viva consists of standardized clinical scenarios questions (testing for diagnosis, investigation and management), and investigation interpretation (e.g. laboratory results, ECG or imaging). The Clinical Viva scores given by the three examiners (E1, E2, E3) are added to give Score A (maximum 30). The two case reports' scores (C1, C2) are added to the supervisor's assessment score (S) and the sum is divided by three to give Score B (maximum 10).

In addition to Clinical Viva, TWO questions, based on topics covered in the three mandatory scientific meetings (Annual Scientific Meeting of Hong Kong College of Physicians; Hong Kong Medical Forum by The University of Hong Kong; Advances in Medicine by The Chinese University of Hong Kong) held in the past 12 months, will be asked. A candidate's responses to these questions yield an extra 1, 0 or -1 mark (1 mark when the answers to both questions are correct; 0 mark when one answer is correct and the other answer is wrong; -1 mark when both answers are wrong. No response or stating not know the answer is regarded as a wrong answer), which will be added to sum of Score A + Score B to give the final Total Score.

The Total Score is therefore calculated by adding together Score A, Score B and mark from Conference Questions, with the maximum (ceiling) total score being 40.

$$\text{Total Score} = \text{Score A} + \text{Score B} + \text{conference questions score} = \{E1+E2+E3\} + \{(C1+C2+S)/3\} + \text{Conference questions score}$$

ASSESSMENT SCORE (max score) (for specialty board of AIM only)

Supervisor (S) and Case Reports (CR1&2) Scores (Max 10)			Clinical Viva Score [(Maximum 10x3)=30]	Conference questions (1 / 0 / -1)	Total Score (Maximum 40)	Status (P: Pass BF: Bare Fail F: Fail)
CR1	CR2	S				
$\frac{(CR1+CR2+S)}{3} =$						

CR = Case Report score

S=Supervisor's evaluation score

The above scoring system will also be uploaded to website of Hong Kong College of Physicians <http://www.hkcp.org/training.htm>.



PROFESSOR DAME CAROL MARY BLACK

DBE FRCP FMedSci

John Mackay

In

October 2016 Dame Carol Black was presented with an Honorary Fellowship by the Hong Kong College of Physicians. The citation listed her many contributions to Medicine, as a clinician, a researcher, an administrator, and an adviser to government. It was not her first visit to Hong Kong; she has been visiting Hong Kong for some 50 years and since 2013 has visited each April in her role as Principal of Newnham College Cambridge.

Dame Carol arrived in Hong Kong from London only on the Friday, and in the evening she met some of her Newnham alumnae. On the Saturday she attended the Conference, prize-giving and dinner of the Hong Kong College of Physicians; on the Sunday she had an official lunch, and was still full of energy during the hour-long interview I had with her. At the end of the interview she was going back to her hotel to pack, ready for her flight back to London that night. A rushed visit, because Cambridge University was in term and she could not afford any more time away. Her stamina can be explained by the fact that she is very fit, running about three miles several times a week in Cambridge. In Hong Kong she made do with a long swim in the hotel pool and a work-out in the gym, an impressive fitness schedule at any age.

She was born in England at the start of the war in Europe, in a country village close enough to Coventry to be on the path of German bombers. She remembers having to shelter under a table when the air-raid sirens sounded. Her present fame could not have been predicted at the time of her birth.

Her parents came from large families. Her father was the oldest of eleven and a superb singer, but had to go to work straight after schooling to support the family, thereby sacrificing a scholarship to the Royal Academy of Music in London. Her mother was the eldest of ten and when her own mother died in child -birth she had to care for the family. So it was that her parents married late and Carol was born when her mother was 45, an only child.

She went to the local village primary school, just managed to pass the 11+ exam that qualified her to go to a Grammar School, the first in her family to do so; failure would have led to a Secondary Modern School from which she would have had an education not designed for university entrance.

She did well at Grammar School, becoming Head Girl in her final year, passing 'A' Levels in History, English and Geography, and was accepted by Bristol University to read History, funded by Leicestershire Education Authority.

She was disappointed in the History course having come to it expecting to learn about people and instead found it was about constitutions and battles. She did just enough work to pass her exams, at the same time wholeheartedly embracing life as a student, being elected head of her Hall of Residence, and in her last year being elected President of the Students Union. She also sang with the University's 32 Choir.

By the time she graduated she had resolved to become a doctor. One spark to this resolve was the occasion, as a teenager, when she met the woman thoracic surgeon who operated on her mother's lung cancer.

Her problem was that she had no 'A' level results in sciences. Feeling that she would never get into medicine, she undertook a one-year Diploma course in Medical Social Work. During this year her desire to study medicine became stronger, and she was fortunate enough to meet and have dinner with Dame Cecily Saunders who had herself done a non-medical University degree, qualified as a nurse, trained as a Medical Social worker and finally qualified as a doctor; and who initiated the Hospice movement. She advised Carol that the career path was long and difficult; this made her even more determined to find some way to finance her ambition. She was accepted by Bristol University for a one-year pre-medical science course, but to her huge disappointment she had to give the place up when Leicestershire Council would not fund it.

She applied to Voluntary Service Overseas for a job somewhere far from England, and was posted, with two other recruits, to the Gilbert and Ellice islands, at that time British colonies in the South Pacific. She had a wonderful time in the capital Tarawa, on a coral atoll, where she enjoyed the teaching, the friendly people, water sports, exotic sea-food and feasts of pig baked under hot rocks on the sandy beach. Situated half way between Hawaii and Australia access was difficult, by seaplane only once every three months.

Carol taught all subjects in a primary school for one year. Finding that she was being paid a full salary



Prof Dame Carol Black and Dr John Mackay at the 30th Anniversary Dinner

as a teacher, she realised that she would be able to afford to go to the pre-medical science course, and she re-applied to Bristol University. After fulfilling her one-year VSO contract in 1965 she returned to England – making her first visit to Hong Kong on the way - and to Bristol, passing the pre-medical science course and going on to medicine itself. She financed herself for all but the final year of medicine, by her VSO earnings and holiday jobs such as working as a ward orderly, and packing blankets. Being a mature student, she applied for and was appointed a Sub-Warden at a hall of residence for students, which paid for her accommodation. Leicestershire agreed to pay fees in her final year after a strong recommendation from the University recognising her commitment to her medical studies.

Dr Carol Black graduated in 1970 with prizes in Surgery, Obstetrics and Pathology. She spent her pre-registration and the next four years in Bristol, passing the MRCP examination in 1974. She had already begun her studies on Scleroderma, her interest stimulated by having to care for a young woman with end-stage scleroderma of the kidney.

The following year she moved to the Royal Postgraduate Medical School at the Hammersmith Hospital in London, to finish her specialist training and build up her research interest in Scleroderma. In 1981 she went to the West Middlesex Hospital as a consultant in Rheumatology, and in 1989 moved to the Royal Free Hospital in London, a major NHS teaching hospital. Appointed as a professor five years later, she built up there the leading international centre for treatment of scleroderma and connective tissue diseases. In 2000 she became Medical Director at the Royal Free Hospital. She has published extensively, over 350 peer-reviewed articles, 47 chapters in textbooks and three books.

In 2002 Professor Black was elected President of the Royal College of Physicians in London for a term of four years, only the second woman to be elected since 1518, and in 2006 she became Chairman of the Academy of Medical Royal Colleges (co-ordinating and representing all 21 of them).

Also in 2002, she was awarded a CBE, Commander of the British Empire, for her services to Scleroderma and Connective Tissue Medicine, and she was elevated to a DBE in 2005 for services to Medicine, receiving her honour from the Queen at Buckingham Palace. She holds Honorary Degrees of no fewer than fifteen Universities, and Honorary Fellowships of 23 Royal Colleges, Faculties and similar institutions across the world, all speaking to the high regard in which she is held in medical circles.

From her childhood Carol has had a belief and an ambition that she could achieve a career outwith the little village of her birth. She gained in confidence at Grammar School, at University, and as her career as a specialist developed, but it was not till she was Medical Director of the Royal Free Hospital that she fully realised her capacity to lead and effect change, to take on challenges and see them through.

This capacity has served her well in the last ten years when she has contributed hugely to public policy on health in the United Kingdom, publishing major reviews in 2008 and 2011, with a third about to be published on The impact on employment



Prof Dame Carol Black, Prof Sir David Todd and Prof Richard Yu at the 30th anniversary dinner

outcomes of drug or alcohol addiction, and obesity. During this time she has served as the National Director for Health and Work 2006-11, Chair of the Nuffield Trust for Research and Studies in Health Services, Chair of the Board of Think Ahead, and Expert Adviser to NHS England on the Health and Wellbeing of NHS staff, and to Public Health England.

In 2012 Dame Carol Black was elected Principal of Newnham College in Cambridge, the only College in Britain to have only female students and Fellows. This appointment is in keeping with her strong belief that women can achieve as much as men if given the chance and self-confidence to "Give it a Go". She is a member of the University's Equality and Diversity Committee, and a founder member of the organising committee for the annual Women of the World Festival in Cambridge. She has twice spoken to the Women's Federation in Hong Kong on women's careers, leadership and empowerment.

Earlier this year she gave the first Tanner Lecture on Human Values ever to be held in Japan. Her lecture was given in Tokyo at the Ochanomizu University for women, on Women: Education, Biology, Power, and Leadership, in a country where women have been traditionally disadvantaged in society.

Dame Carol was married for eight years to James Black, a Dubliner and BBC cameraman, but in 1981 they divorced, in part because of the pressure of training for her medical specialty. In 2002 she married again, to Christopher Morley, an academic civil engineer whom she met when as Vice-Master he was welcoming guests to dinner in Trinity College Cambridge.

There are interesting sidelines in her life. The National Portrait Gallery in London advertised for a Trustee to represent Medicine, Sciences and Engineering. She applied and was accepted, opening up for her a fascinating and enjoyable new area. The headmaster of Uppingham School, a well-known English Public School, invited her to join the Board of Governors, so impressed was he by the prize-giving address she had made at his previous school. This is another position that she greatly enjoys.

For Dame Carol Black life has never been all work. Music has played a major part in her life, singing in school and university choirs, and dancing. She loves opera and for many years held a season ticket for the Royal Opera House at Covent Garden; nowadays she still goes to performances when the social commitments of a College Principal allow. And Jazz. She used to visit Ronnie Scott's Jazz Club in London: in recent years she and her husband have been going to USA at New Year to stay with friends in Nantucket and to visit jazz venues in New York. She looks forward to a 'bucket list' of exotic places to visit for the first time; and to spending time with good friends.

Dame Carol Black has shown what self-belief and hard work can do to create a spectacular career. She is determined to excite girls and women to the possibility of the careers that are available now, that were not there in the past.

There is no better way to end this Profile than to quote from an interview she gave for the university publication Women in Cambridge: "With my own career, it matters to me terribly that I try and that I take risks. I would rather say, 'I had a go and it didn't work', than look in the mirror and realise I didn't enter myself into the race."

HONG KONG COLLEGE OF PHYSICIANS
香港內科醫學院



Sapientia et Humanitas

HONG KONG
COLLEGE OF
PHYSICIANS